9. During your visits:

Did the case manager carefully listen to you?	☐ Yes	☐ No
Did service providers carefully listen to you?	☐ Yes	☐ No
Do you feel you participated in the goal planning?	☐ Yes	☐ No
Were things explained in a way you could understand?	☐ Yes	☐ No

I you checked "no" to any of the above, please explain:_____

_____

10. Did you feel you were fully informed of:

Available services to continue your pregnancy?	☐ Yes	☐ No
Location of services?	☐ Yes	☐ No
Requirements of services?	☐ Yes	☐ No
Length of services during pregnancy and after?	☐ Yes	☐ No

11. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?

_____

_____

_____

12. Would you recommend these services to a friend or relative? ☐ Yes ☐ No

13. How old are you?

☐ under 15 ☐ 15-17 ☐ 18-19 ☐ 20-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-54 ☐ 55 or older

14. What is your race?

☐ White ☐ Black or African American ☐ American Indian/Alaskan Native
☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other

15. Do you consider yourself to be of Hispanic origin? ☐ Yes ☐ No

Bureau for Children, Youth and Families
Kansas Department of Health and Environment
10/99